

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Adams</i>					CERTIFICATE OF DEATH		
Died at <i>Mc Donough</i>		Town	County <i>Chas</i>		MARYLAND		
Date of death <i>1909</i>	Month <i>10</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>	Occupation <i>None</i>	Where Residing if not at place of death <i>Chas 62 Md</i> <i>11 11 1</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>	Father's Name <i>James Adams</i>	Father's Birthplace <i>Chas 62 Md</i>				
Mother's Maiden Name <i>Margaret Sims</i>	Mother's Birthplace <i>" " "</i>	Name of person giving information <i>James Adams</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary

Still Born

How long *—*

Immediate *—*

How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

None

Accident or Suicide?

W. F. Brown *2nd Reg*

W. F. Brauner
Duck Reg

Name
in
Full

John T. Boarmar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Spring Hill		Charles			
Date of death	Month	Day	Years	Months	Days
1909	Oct	15 th	63		
Sex	male	Color or Race	colored	Birth-place	Charles Co
Occupation	farmer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Emma Boarmar			
Father's Name	John T Boarmar				
Mother's Maiden Name	Jane Fendall				
Name of person giving information	W. T. T. Boarmar				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Disease of Heart

79

How long

5 to 6 years

Immediate

General dropsy cardiac failure

4 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

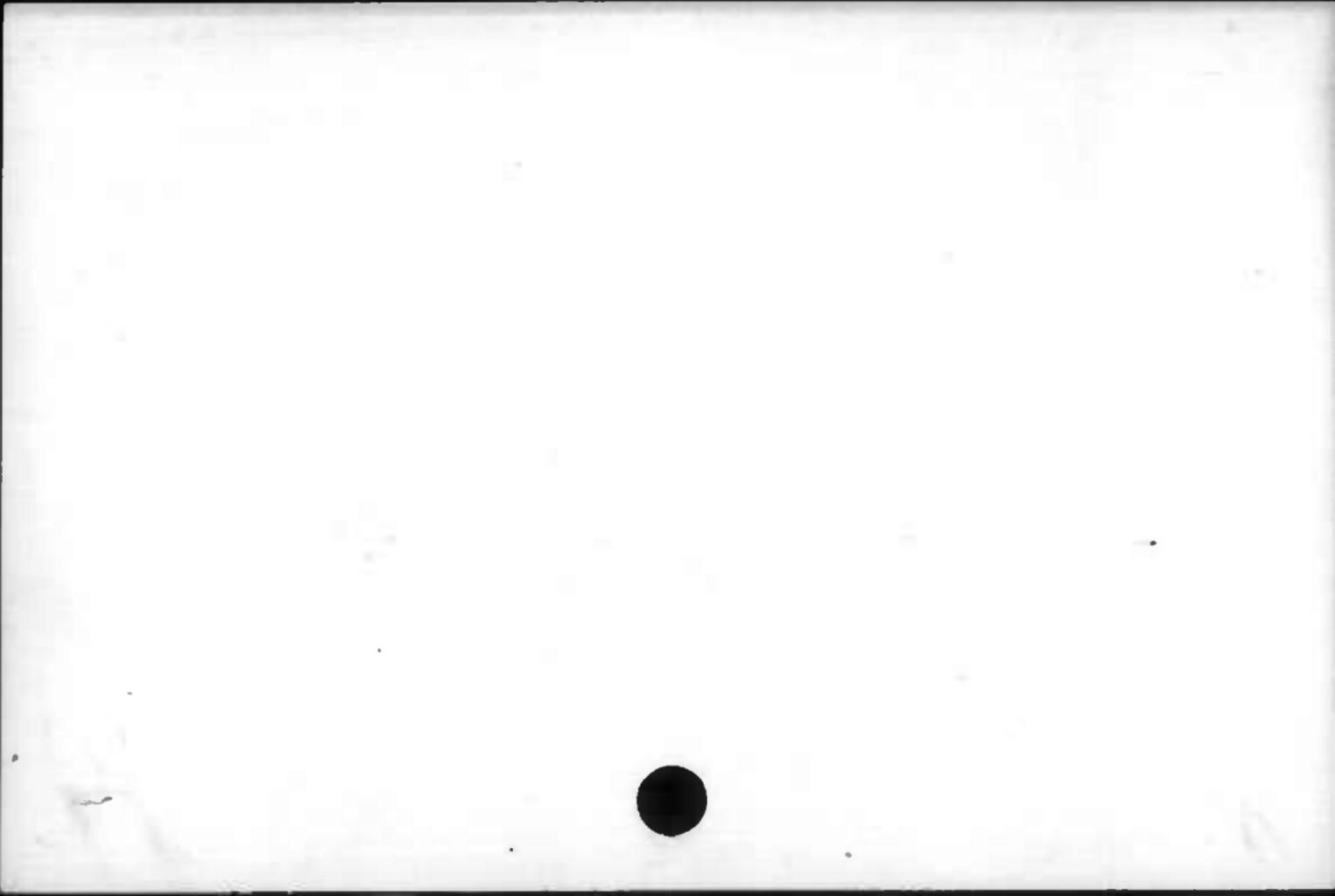
Address



Thos. S. Seven M. D.
La Plata
Md

Accident or Suicide

MD



Name
in
Full

John Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days		
Sex	Color or Race	Where Residing if not at place of death						
Occupation	Name of Wife or Husband		Father's Name		Mother's Name			
Married, Single or Widowed	Spouse	Lizzie Dna Brown		John Brown		Daisy Brown		
Father's Name	John Brown		John Brown		Daisy Brown		Daisy Brown	
Mother's Maiden Name	Daisy Brown		Daisy Brown		Daisy Brown		Daisy Brown	
Name of person giving Information	Jim Dna Brown		120		One year		Short	
CAUSES OF DEATH				How long		How long		
Primary	Cholangiosupatitis		120		One year		Short	
Immediate	Stomach		120		One year		Short	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

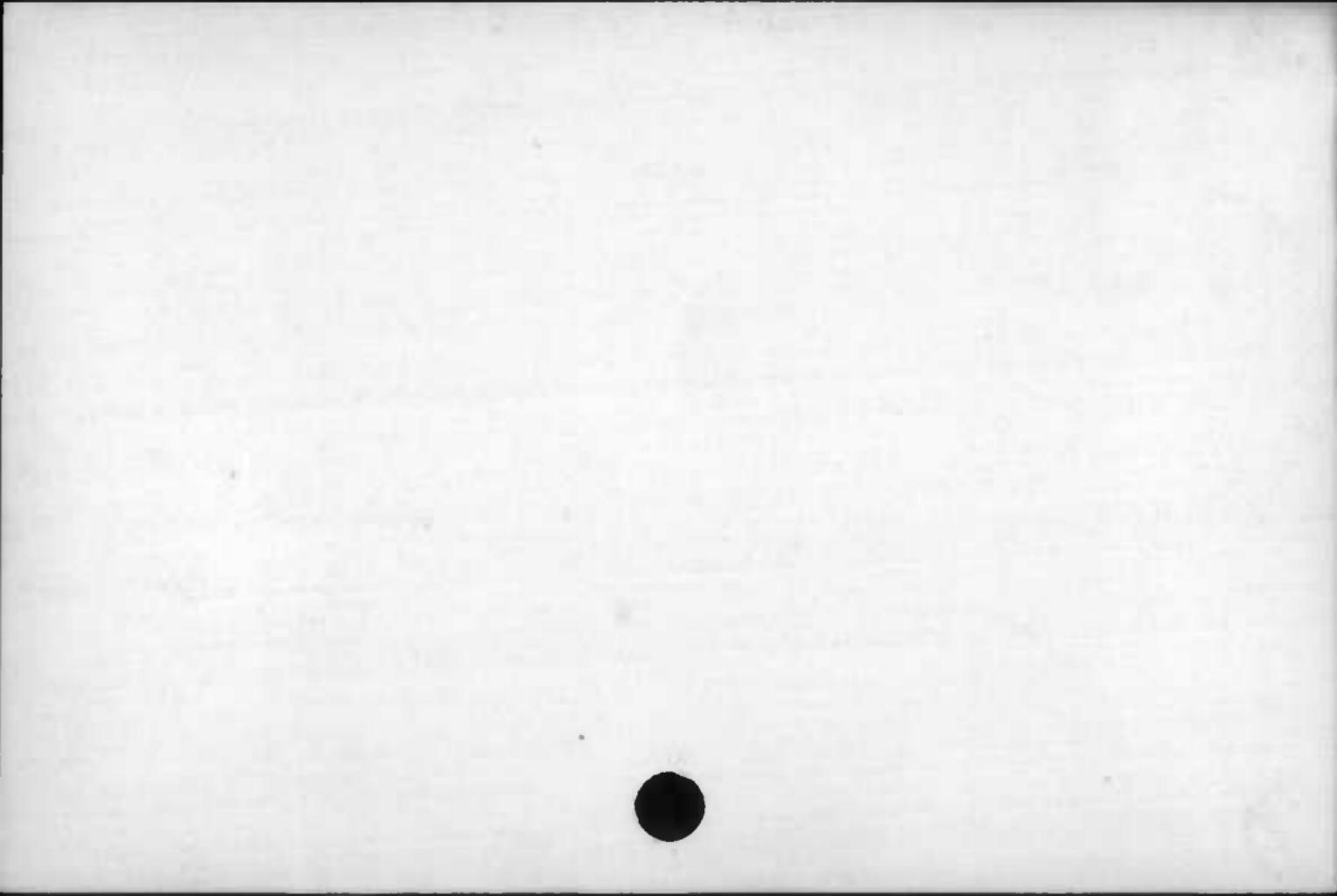
Primary

Signature of Physician

Address

Immediate

Accident or Suicide?



Name
in
Full

Elcie Butler

CERTIFICATE OF DEATH

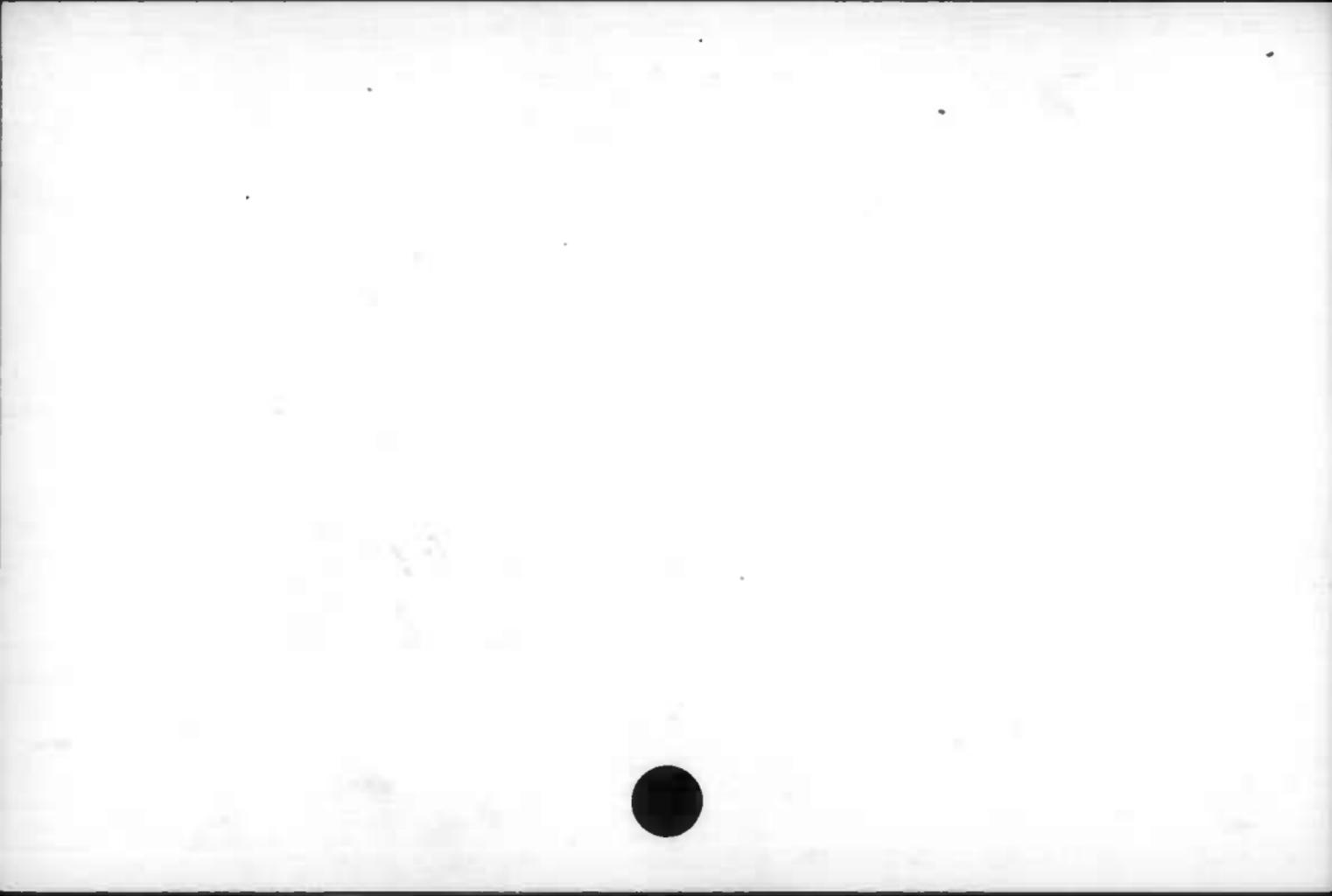
TO BE ANSWERED BY
NEAREST FRIEND

Died at Near White Plains		County Charles		MARYLAND		
Date of death 1909	Month Oct	Day 3	Years —	Months 8	Days 2	
Sex Female	Color or Race Colored	Birth- place Chas Co Md				
Occupation —	Where Residing if not at place of death Near White Plain					
Married, Single or Widowed —	Name of Wife or Husband —	Father's Birthplace Md				
Father's Name Robert Butler	Mother's Birthplace " "		Mother's Birthplace " "			
Mother's Maiden Name Mary McPherson	How related to deceased Father-		How long 3 months			
Name of person giving Information Robert Butler						

CAUSES OF DEATH

Primary Malassimilation	179
Immediate Ghastliness	How long 3 months
Are the name, age, sex, color, date and place correctly given above? Yes	How long " "
Signature of Physician Address	Non Inadaptation Thos. M. McPherson Waldorf Md
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Julia Dirington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at near La Plata		Charles			
Date of death	Month	Day	Years	Months	Days
1909	Oct	9 th	58	—	—
Sex	Female	Color or Race	colored	Birth-place	Charles Co
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Thos. Dirington		
Father's Name	John Thompson				
Mother's Maiden Name	Jane Walls				
Name of person giving Information	G. Dyer				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

Immediate Paroxysmal & seoptral Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

64

How long sick
about 2 weeks

How long
gradual from beginning

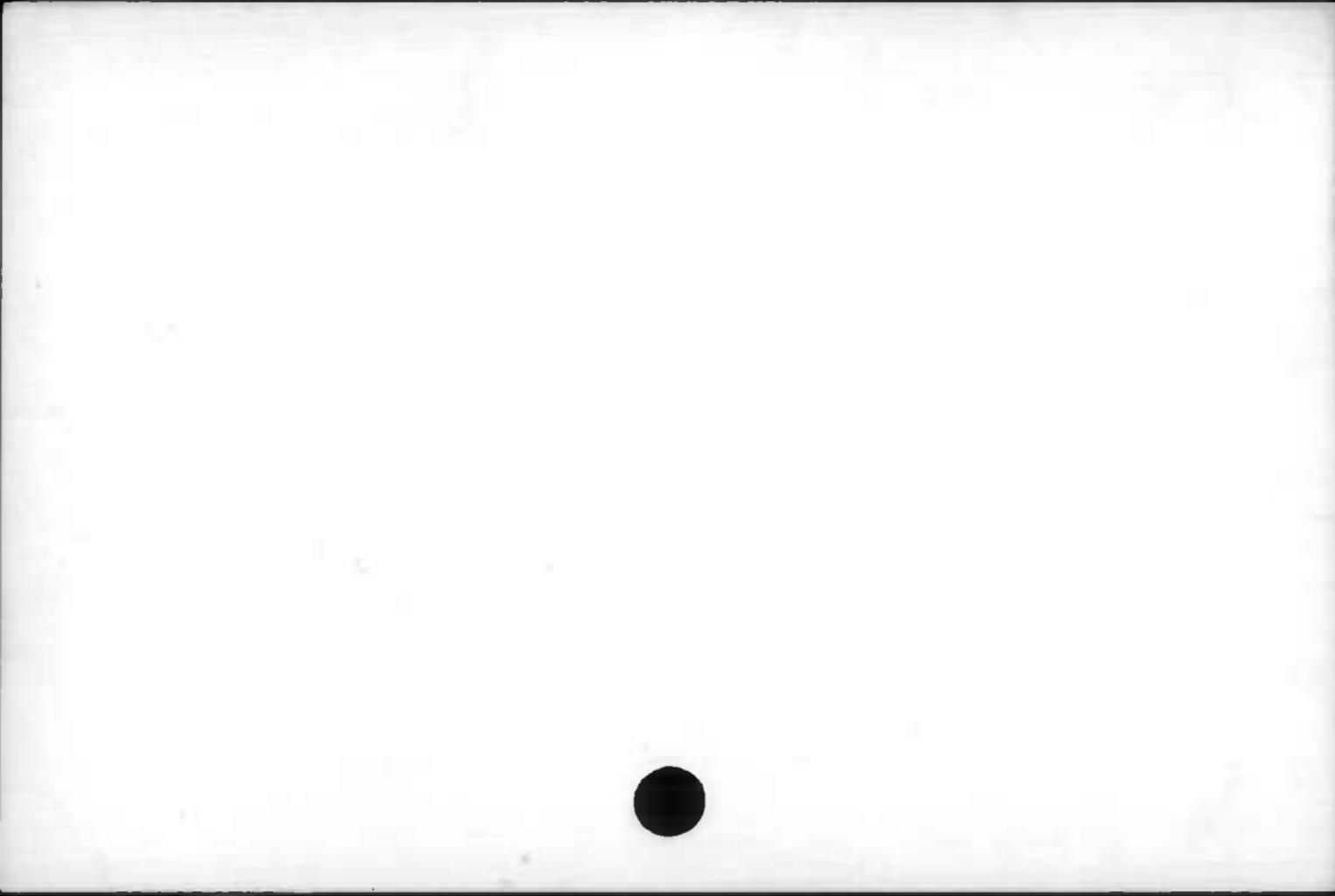
Thos. S. Duren M.D.

La Plata

Md

Accident or Suicide

no



Name
in
Full

Augusta Hackerson
Town
near Pisgah

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at near Pisgah Month Day Year Months Days
Date of death 1909 Oct 24 — — — $\frac{1}{2}$

Sex

male

Color or
Race

Collard

Birth-
place

chas. Co. Md.

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Birthplace

chas. co. Md

Father's
Name

Jno. E Hackerson

Mother's
Maiden Name

Savana C Ross

Mother's
Birthplace

chas. co. Md

Name of person giving
Information

J. E. Hackerson.

How related
to deceased

Parent

CAUSES OF DEATH

Primary

Unknown

179

How long

✓

Immediate

Unknown

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

[Redacted]

Address

none in attendance
chas. D. Carpenter, Sub. Reg.
Pisgah Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Susie Johnson

CERTIFICATE OF DEATH

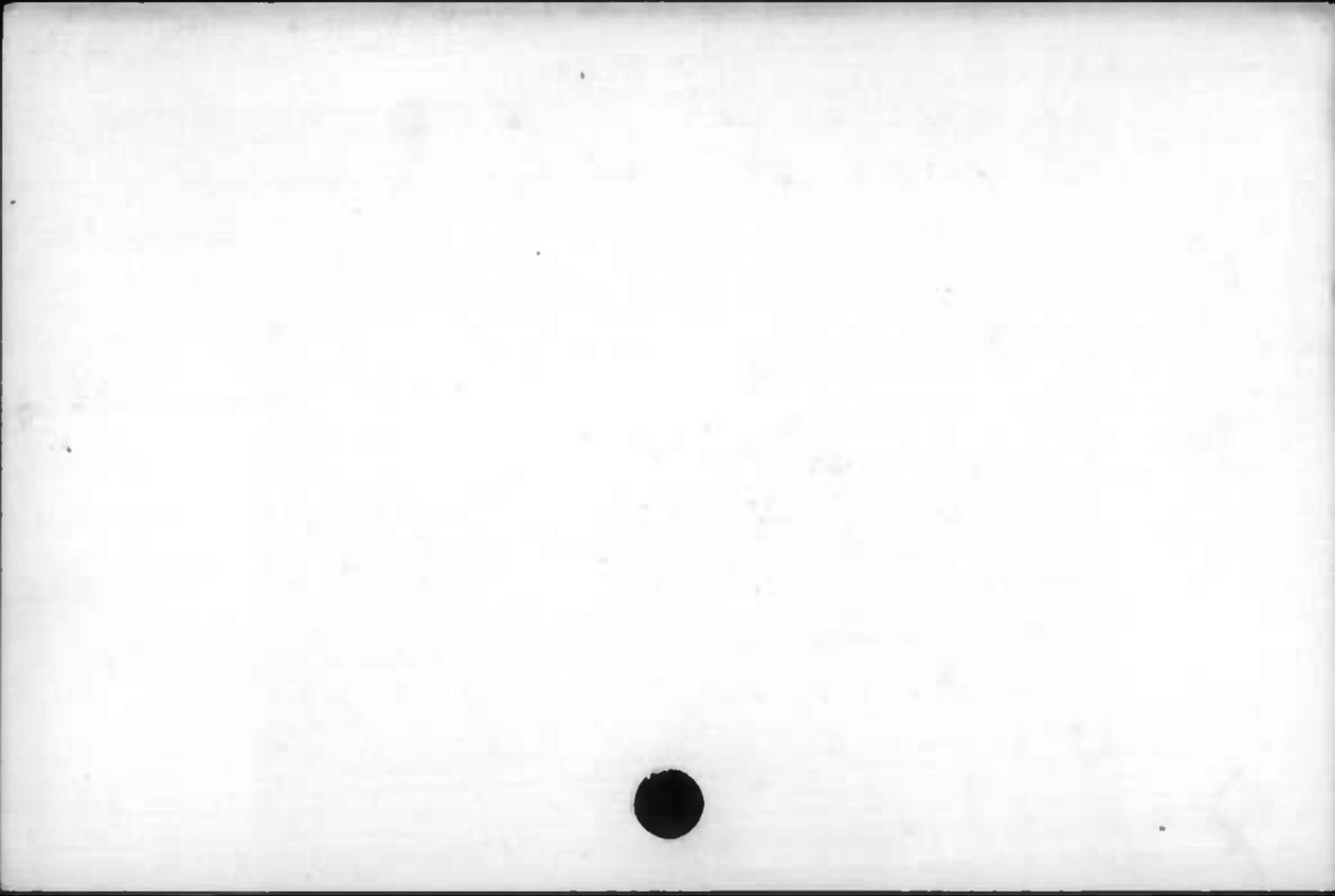
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Black	Birth-place	Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Joseph Johnson				
Father's Name	John McLean		Father's Birthplace				
Mother's Maiden Name	Barney Divers		Md				
Name of person giving information	Joseph Johnson						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Thrombosis		How long
Immediate	Heart - failure		10 mo.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long	
Signature	W. C. Chappell		
Address	Henry Street		
Accident or Suicide?	Md		



Name
in
Full

Viola Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Three	4
Occupation	Where Residing if not at place of death	Marshalls Rest		
Married, Single or Widowed	Name of Wife or Husband	Marshalls Rest		
Father's Name	Benjamin Johnson	Father's Birthplace	Near Newburg	
Mother's Maiden Name	Matha Sweetney	Mother's Birthplace	Cedar Grove	
Name of person giving Information	Matha Johnson	How related to deceased	Mother	

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary

Carcinoma of knee joint + gross

How long

9 mos.

Immediate

Don't know

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

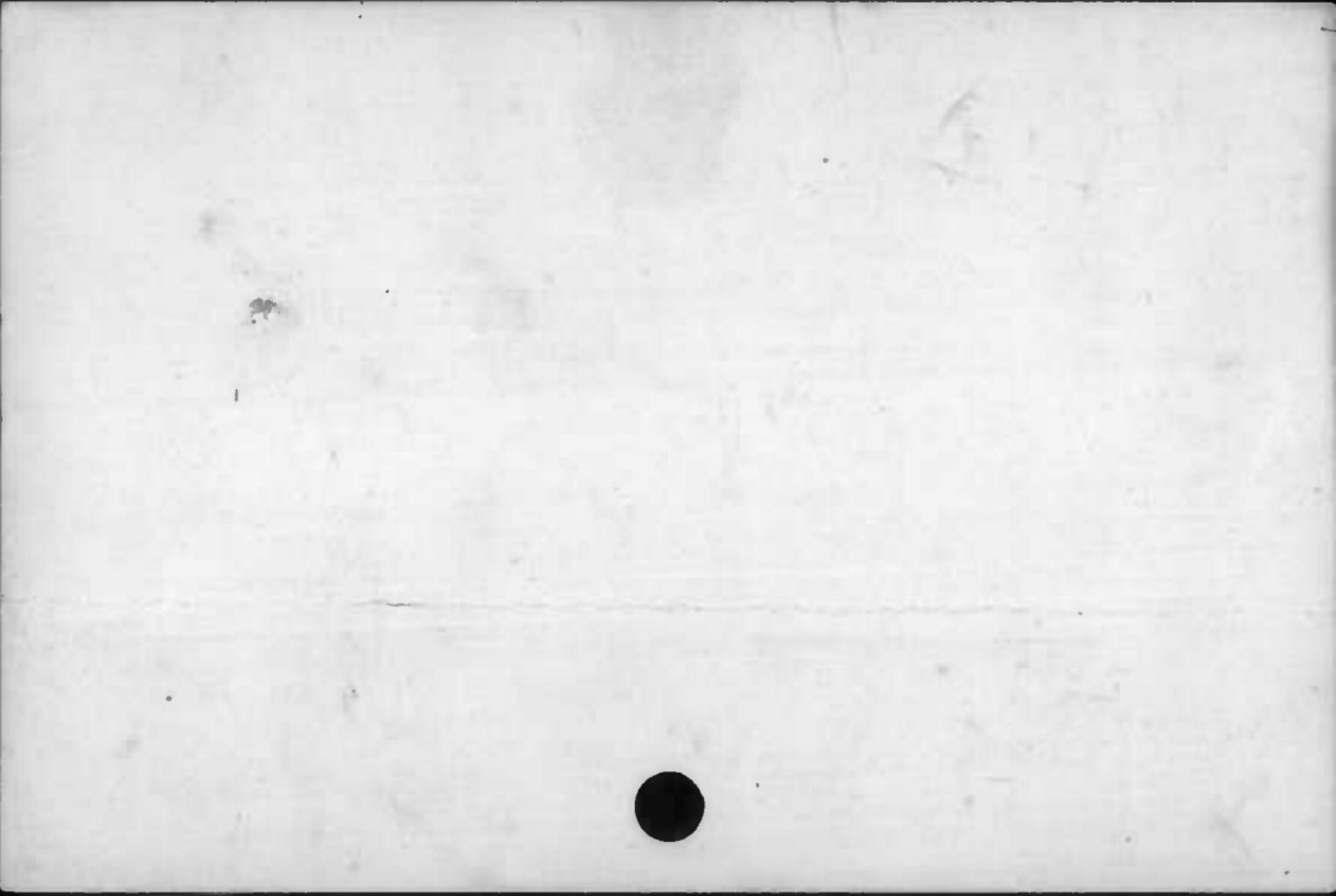
Signature of Physician

Address

Reed's Garage.
Newburg, Md.

Accident or Suicide?





Name
in
Full

Adrienne Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bel Alton

Town

County

MARYLAND

Date of death 1909 Oct

Month

Day

Charles

Months

Days

Years

Age 22

Sex

Male

Color or
Race

African

Birth-
place

Charles Co

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

James Morris

Father's
Birthplace

Charles Co

Mother's
Maiden Name

Flora Mudd

Mother's
Birthplace

Charles Co

Name of person giving
Information

Mac. J. Morris

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever

1

How long

26 days

Immediate

Incision

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

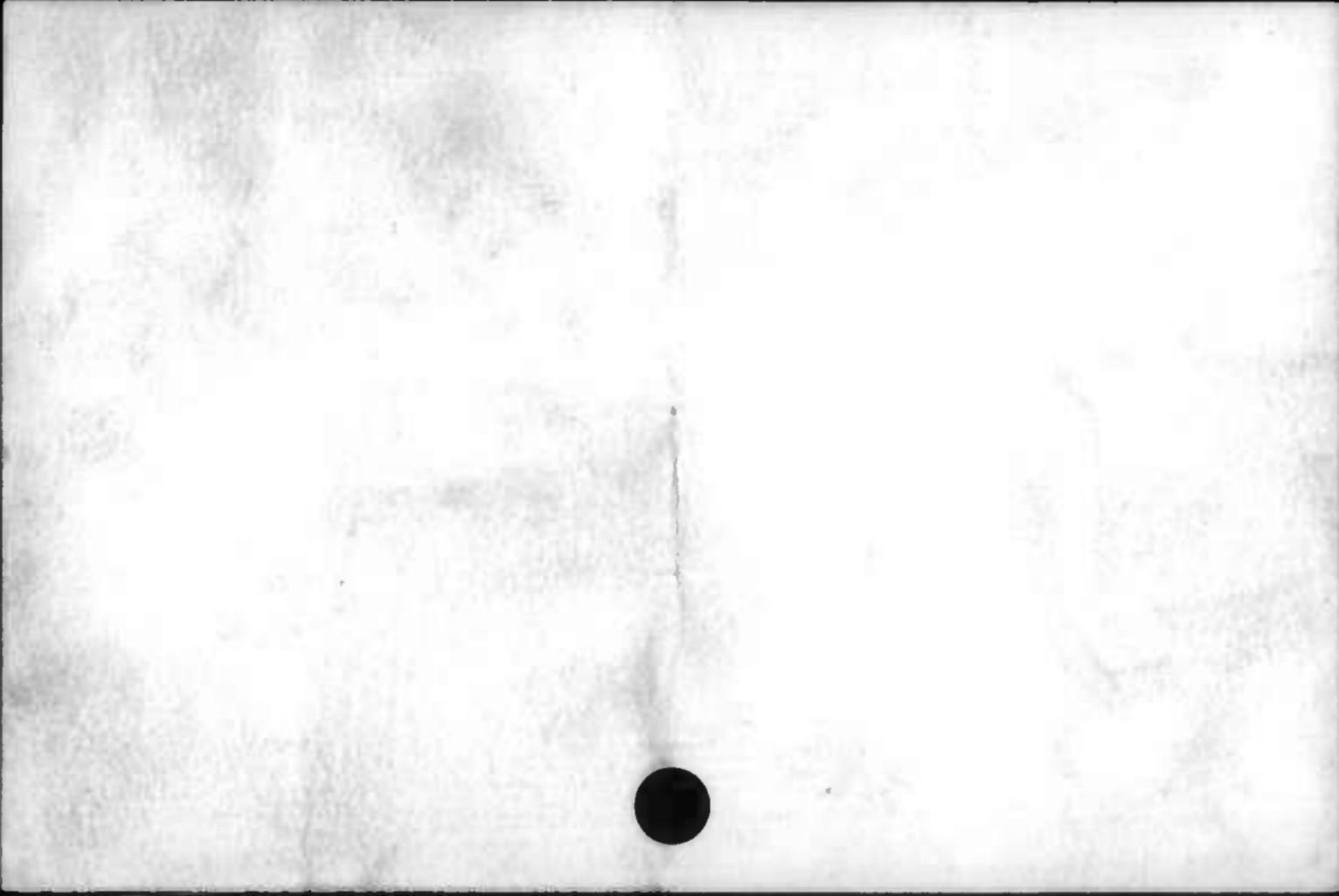
Effrancer

Bel Alton
Md

PHYSICIAN
OR CORONER

8

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at
Town

Date
of death 1909 Month Oct Day 18

Sex
Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Thomas
County

Age —

Color or
Race

Where Residing if not
at place of death

Name of Wife or
Husband

Daice Thomas

Hysta Johnson

Daice Thomas

CERTIFICATE OF DEATH

MARYLAND

Months 1

Days 1

Birth-
place

Daice

at place of death

Father's
Birthplace

Daice

Mother's
Birthplace

Daice

How related
to deceased

Father

71

✓

How long

1 day

John P. Drago, M.D.

101 N. Charles Street

Baltimore, Maryland

Office Supply Co., 2284

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide

Signature of
Physician

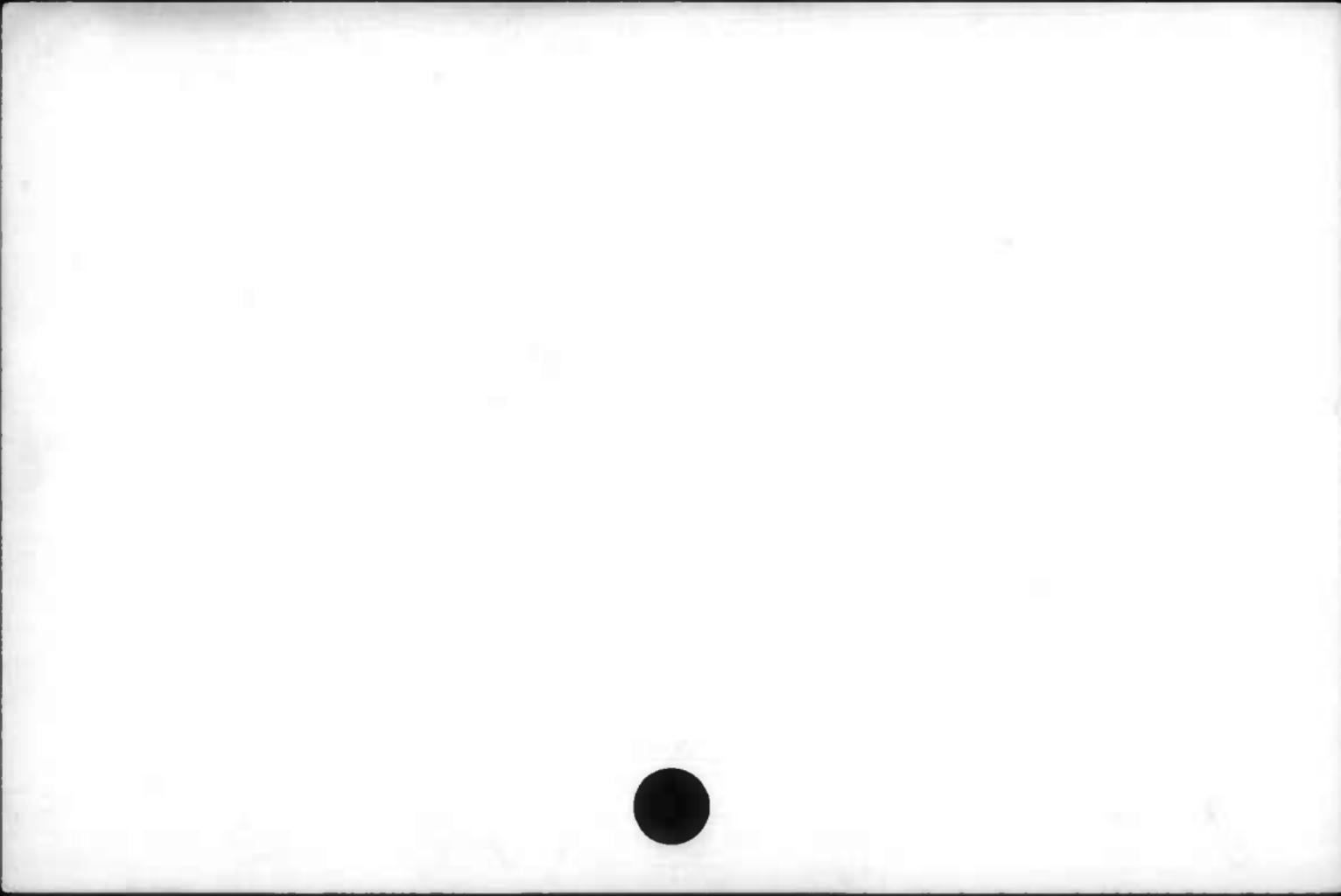
Address

Yes

John P. Drago, M.D.

101 N. Charles Street

Baltimore, Maryland



Name
in
Full

CERTIFICATE OF DEATH

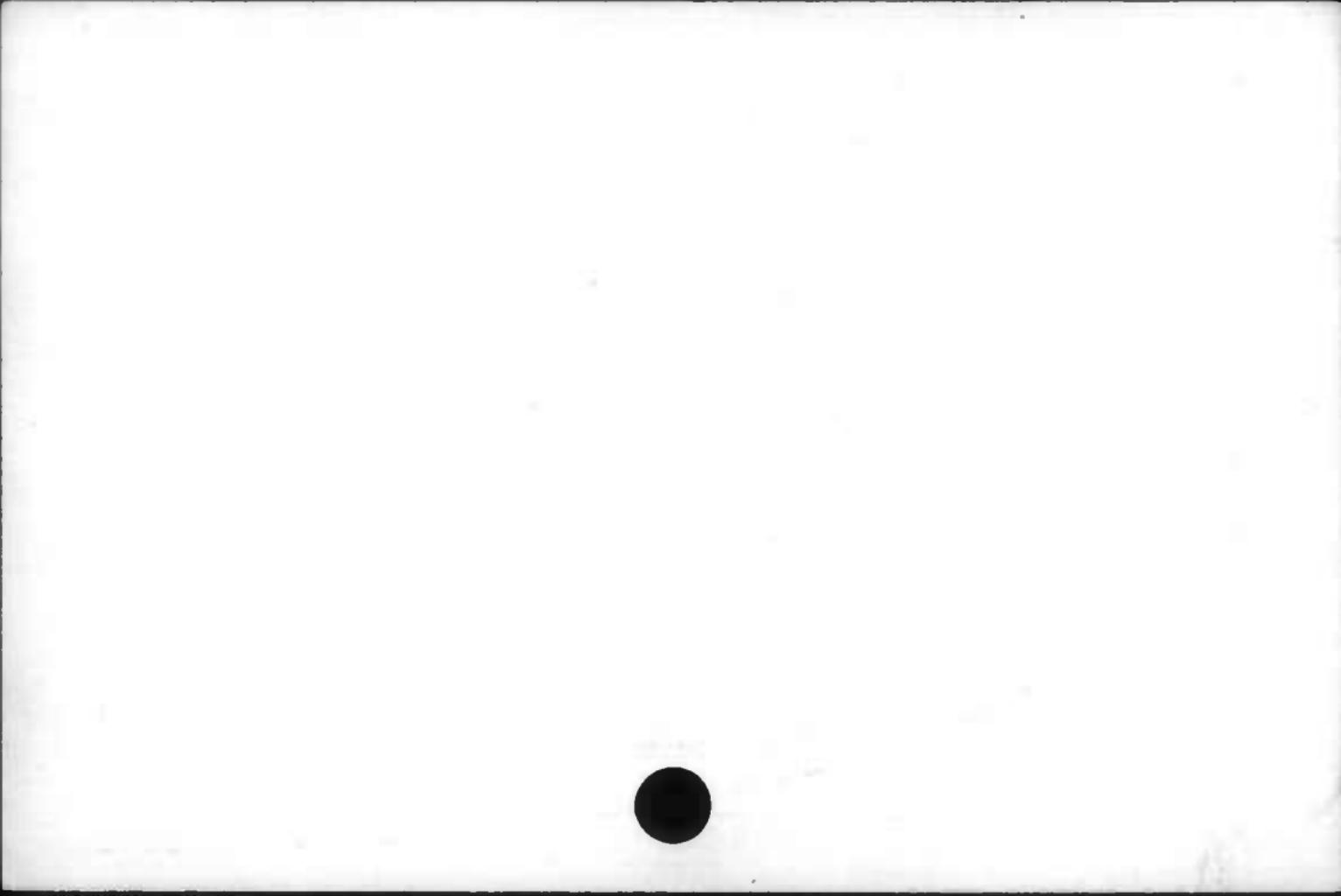
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		MARYLAND					
Died at	Marshall Hall	Month	Oct	Day	3	Years	38	Months	—	Days	—
Date of death	1909	Color or Race	White	Birth- place	Cincinnati Ohio						
Sex	Male	Where Residing if not at place of death		—							
Occupation	Painter	Name of Wife or Husband		—							
Married, Single or Widowed	Single	Father's Birthplace		Unknown							
Father's Name	John Brewster	Mother's Birthplace		Unknown							
Mother's Maiden Name	Unknown	How related to deceased		166							
Name of person giving Information	J. W. Riley	How long		3 Years							
Drown in shallow water and striking head on the rocky bottom		How long		Holding							
Primary	Concussion of the brain	Signature of Physician		J. W. Tietzel M.D.							
Immediate	Address		Poolesville								
Are the name, age, sex, color, date and place correctly given above?											

8
Accident or Suicide

Deciduit



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry A. Turner Jr.
Town Bryanton
County Charles

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1909

Oct; 12

Age

61

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Fanner & Merchant

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Amelia Turner (deceased)

Father's
Name

William Turner

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Bean

Mother's
Birthplace

Md

Name of person giving
Information

H. Turner Jr.

How related
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Alcoholism

56

How long

20 years

Immediate

"Heart failure"

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

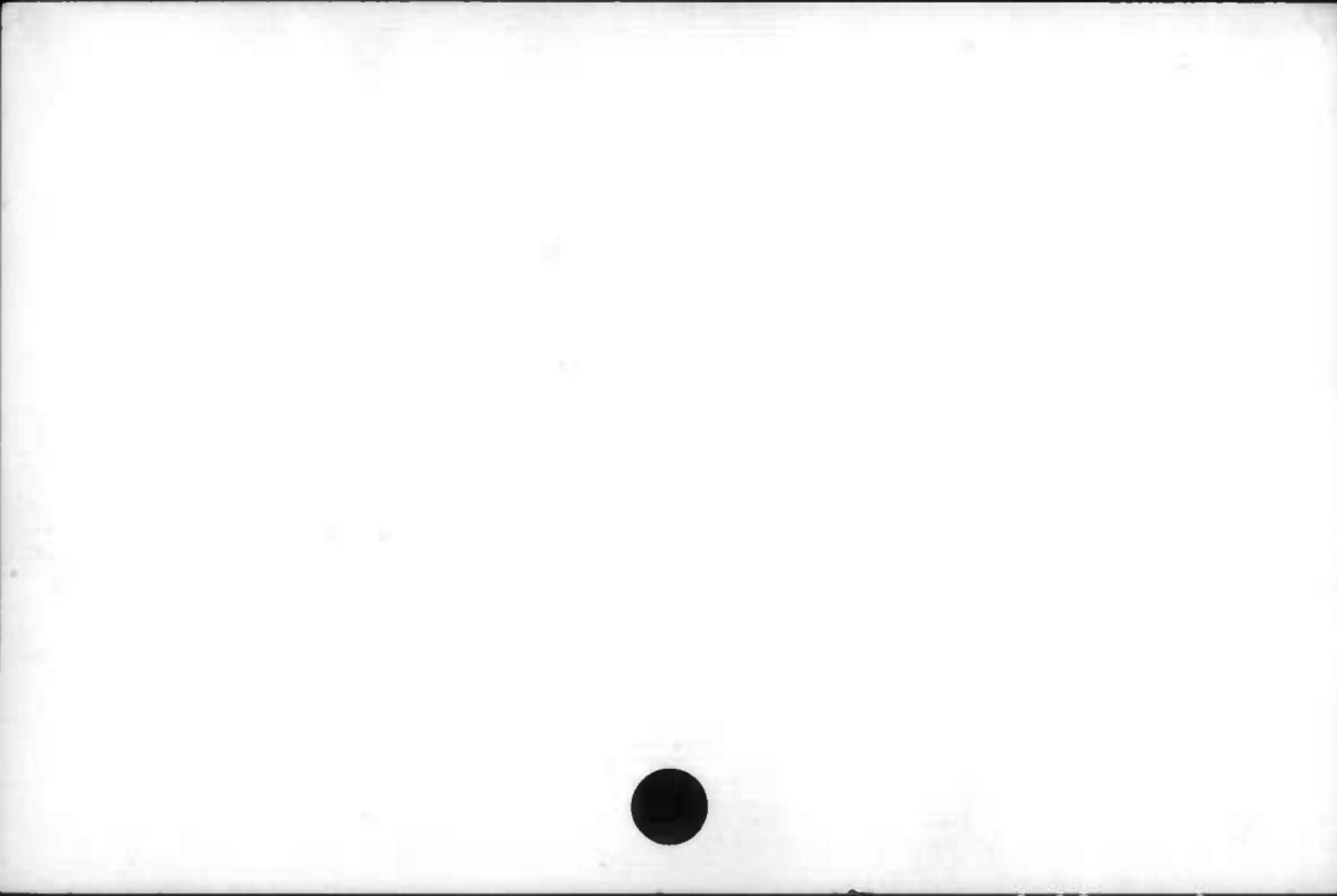
Yes

Signature of
Physician

Address

J.C. Casied M.D.
Bryanton, Md.

Accident or Suicide



Name
in
Full

Eulie F. Wadsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gloucester Town Charles County
Date of death 1909 Oct 24 Month Day 67 Years
Sex Female Color or Race White
Occupation House Birth-place England
Married, Single or Widowed Widow Name of Wife or Husband Eliza Wadsworth
Where Residing if not at place of death at home
Father's Name Thomas Wadsworth Father's Birthplace England
Mother's Maiden Name Elizabeth Wadsworth Mother's Birthplace England
Name of person giving Information Eliza Wadsworth How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Strangulation

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. O. Morrison
Wadsworth
England
England

ST
Accident or Suicide

66

How long

How long

21 years
short

